

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

3:20-cv-173

Thomas m. Rose

Sharon L. Ovington

Jertrre Washington  
(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # \_\_\_\_\_

vs.

Miami County et al  
(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

Sergeant Perry  
Mr. and/or Mrs. Doe  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Jertrre Washington  
NAME - FULL NAME PLEASE - PRINT

160 Miami County Jct. 1  
ADDRESS: STREET, CITY, STATE AND ZIP CODE

201 West Main St. Troy, Ohio 45373

\_\_\_\_\_  
TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES ( ) NO ☒

- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

N/A

DEFENDANTS:

N/A

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

N/A

3. DOCKET NUMBER

N/A

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

N/A

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

N/A

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

N/A

7. APPROXIMATE DATE OF THE DISPOSITION

N/A

\_\_\_\_\_

- A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ( ) NO ( )
- B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE  
PRISONER GRIEVANCE PROCEDURE? YES ( ) NO ( )

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WHAT WAS THE RESULT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID  
YOU COMPLAIN TO PRISON AUTHORITIES? YES (X) NO ( )

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

*Filed Incident report*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WHAT WAS THE RESULT?

*Nothing*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. Miami County  
NAMES - FULL NAME PLEASE  
201 W. Main St. Troy, Ohio 45373  
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. Sergeant Perry  
910 Miami County, 201 W. Main St Troy OH 45373
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.



## STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

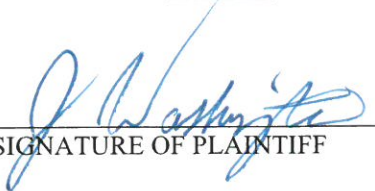
1. I have been in Miami City jail since June of 2019.  
 (I was transferred to Miami City jail in late 2019 but returned in a few weeks). I take medications for — and the jail is aware of the same. The jail had been providing my meds. On August 19, 2019, I was administered the wrong medication. I requested medical assistance as my heart started racing and I had trouble breathing as a result of the wrong medication. Deputies came to assist me, I did not resist or threaten anyone. Without provocation, Sgt Perry assaulted me. He punched me in the head, choked me and slammed my face into the wall. ~~LT Perry~~ <sup>Perry</sup> and the jail did nothing to stop him. He also received no discipline. I suffered injuries to my face and neck. I have still have pain and headaches from the assault. There were other Deputies who witnessed the contact but nothing was done. Miami County did not investigate the matter. The Force used by Perry was excessive. ~~The living conditions in the jail are deplorable and were violated.~~  
 The County and other officers showed indifference to the crime actors and failed to properly train and supervise its Depts.
2. The living conditions in the jail are deplorable.  
 Plus cruel and Inhumane, No rest and no exercise  
 My injuries were severe enough that I needed medical attention and I was transported to the hospital
3. Miami County has also violated my constitutional rights. I have been in jail for more than 9 months for something I did not do.

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

As a result of the actions and conduct and/or lack of action in discipline, investigation and supervision, I suffered injuries to my head/neck. I have suffered emotional distress as a result of these incidents and pain and suffering.

My injuries and damages were the result of being negligently given the wrong medication being assaulted by Defendant Perry, and nothing being done by the County or other Doctors to help or remedy the situation.

SIGNED THIS 29 DAY OF April 2020.

  
SIGNATURE OF PLAINTIFF